

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026311

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6953

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 12 1963

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Saint Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Parkside Manor N. HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louisc. CITY  
OR  
TOWN Webster GrovesInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 608 Barbara Jean CourtReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ELMERMiddle  
J.Last  
REYNOLDS4. DATE  
OF  
DEATHMonth  
JulyDay  
3Year  
19635. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
8/26/19029. AGE (last birthday)  
60IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, or if retired)  
Asst. Superintendent10b. KIND OF BUSINESS OR INDUSTRY  
Webster Groves School11. BIRTHPLACE (City and state or country)  
Gorin, Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

William N. Reynolds

## 13b. MOTHER'S MAIDEN NAME

Forrest Shanes

## 14. NAME OF HUSBAND OR WIFE

Frances M. Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address

Frances M. Reynolds 608 Barbara Jean Ct

18. CAUSE OF DEATH (Enter only one cause per line for parts I, II, and III)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH

7/1/63

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Chronic Brain Syndrome - Degenerative

4/18/63

DUE TO (c)

309x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 30, 1962 to July 2, 1963 and last saw him alive on June 22, 1963  
Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter L. Moore M.D.

22b. ADDRESS

6376 Clayton Rd (17)

22c. DATE SIGNED

7/3/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
burial

23b. DATE

7/5/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, Inc 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

JUL 3 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

CITY REYNOLDS  
DR W. MOORE,  
6376 CAYTON AVE

ST-1-8006

2-4-30PM

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clarence H. Murray*

Licensed Embalmer No. 4011

P. O. Address

*H. Davis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.